

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. FILING DATE 3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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48	/					
49	/					
50	/					
TOTAL IND.	7					
TOTAL DEP.	42					
TOTAL CLAIMS	49					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						